



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

TEXAS HEALTH DBA INJURY 1 DALLAS

**MFDR Tracking Number**

M4-13-0628-01

**Respondent Name**

RICHARDSON ISD

**MFDR Date Received**

November 5, 2012

**Carrier's Austin Representative**

Box Number 53

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The patient was referred for an Initial Behavioral Medicine Consultation. The service was provided and the claim was denied per EOB precertification/authorization/notification absent. CPT code 90801 does not require preauthorization per rule 134.600. Also, denied per EOB the rendering provider is not eligible to perform the service billed. Provider Anne Jones, LPC is a licensed professional counselor in the state of Texas to perform these types of services... it is our position that TriStar Risk Management has established an unfair and unreasonable time frame in paying for the services that were medically necessary and rendered to [injured employee.]."

**Amount in Dispute:** \$1,148.15

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Box 17 of the CMS-1500 shows the referring doctor for this service is Bryce Benbow, DO. This doctor is not the approved treating doctor for the work related injury of 04/09/2010. Therefore, he was not authorized to refer the patient for this service. We hope this resolves the dispute at hand."

**Response Submitted by:** RM Review Med

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 5, 2012	90801 x 5 units	\$1,148.15	\$247.61

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the Preauthorization, Concurrent Utilization Review, and Voluntary Certification of Health Care.
3. 28 Texas Administrative Code §134.203 sets out the Medical Fee Guideline for Professional Services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

**Explanation of benefits**

- 185 – The rendering provider is not eligible to perform the service billed.
- 197 – Precertification/authorization/notification absent.
- Note: No allowance provider is not an authorized treating physician.

## Issues

1. What is the definition of CPT Code 90801?
2. Does the disputed services required preauthorization per 28 Texas Administrative Code §134.600?
3. Is the requestor entitled to reimbursement?

## Findings

1. Per 28 Texas Administrative Code §134.203 “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”  
The requestor seeks resolution for CPT Code 90801 defined by the AMA CPT Code Book as “Psychiatric diagnostic interview examination.” The requestor billed for 5 units of 90801, however CPT Code 90801 is not identified on the AMA CPT Code Book as a timed code. As a result, the Division will review the disputed charge per applicable guidelines and determine if payment is due for the one unit of CPT Code 90801.
2. 28 Texas Administrative Code §134.600 states in relevant part, “(p) Non-emergency health care requiring preauthorization includes: (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program.”  
The requestor indicated that the service rendered is an initial interview and therefore is not subject to the preauthorization requirements outlined in 28 Texas Administrative Code §134.600(p)(7). The Division will therefore review the disputed charge per the applicable guidelines.
3. 28 Texas Administrative code §134.203 states in pertinent part, “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year’s conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year’s conversion factors, and shall be effective January 1st of the new calendar year...”  
The requestor billed CPT Code 90801 x 5 units rendered on June 5, 2012. The CPT Code 90801 is not a timed code, reimbursement is therefore recommended per code. The MAR amount for CPT Code is \$247.61, therefore this amount is recommended.

## Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$247.61.

## **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$247.61 reimbursement for the disputed services.

## Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
May 22, 2015  
Date

## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim. The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.